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Tie Dolomay

#14

Richd. Wilson.
March 12th.

Richd. Wilson –

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Tic Douloureux

This malady may be esteemed one of the most painfull complaints which affects the human family, and although not of very frequent occurrence, yet most medical practioners have had not only to deplore the severe sufferings of their patients but, also, the inefficacy of medical aid.

Dr. Fothergill the Elder is amoung the first of the English authors who noticed this disease, but since his time, we have been furnished with remarks on this very distressing complaint, by numerous European writers. By some it has been supposed to be owing to a cancerous acrimony lurking in the system; by others it was attributed to a diseased state of the nerves, and, generally, of those branches which are distributed over the face: Its true cause, however, like many others of the human frame, has not been very satisfactorily ascertained, as is evident from the frequent failure of the modes of treatment,

formed by these pathologies.

To the skill and observation of Dr. Physick the world is indebted for a new pathological view and treatment of this "most painful and hitherto intractible affection." Adopting the idea that the stomach was the seat of the complaint, he administered Emetics, and I have had the pleasure of witnessing the success of this mode of practice, in several instances.

This disease is very sudden in its attack, and is at times perceived distinctly to pursue the course of the ramifications of some nerves. It is characterised by the most violent pain, which affects the parts for a short space of time and never recurs at stated intervals. It is common to persons of all ages and both sexes, but is seldom noticed previous to the adult age: it was formerly said never to attack the young but Dewees relates a case, the subject of which was a young woman between the age of 20 and 30.

Portman states that he has seen it in young Girls from 9 to 20 years of age. The most frequent seat of the disease is the nerves over the cheek bone, just below and above the orbit of the eye, the side of the nose and the end, upper lip, teeth and gums, roof of the mouth, sometimes the forehead, temple, and inner canthus of the eye. It has likewise been observed to affect the eye itself. Less frequently, it is seated in the lower jaw. It has also been observed to affect the mastoid process and spread over the occipital bone; originating in one of those places, it often extends to the others. It very rarely happens that both sides of the face are affected at the same time; From the intimate connexion, however, of most of the branches of the fifth and seventh pair of nerves, or from sympathy, the disease seldom continues long without extending its dreadful ravages; and in very inveterate cases, possibly, all the nerves may be affected.

The duration of the disease is very

uncertain; the pain mostly comes on by touches or strokes like a spasm; sometimes it is produced by evident exciting causes. In a Gentleman of my acquaintance who was for a long time affected with this complaint, the lighting of a fly, or the application of a handkerchief, gave him the most excruciating pain: at other times it comes on spontaneously without any premonitory sign.

The necessary motions in eating and speaking often occasion a return of the paroxysm. In consequence of this restraint, the unhappy sufferer soon acquires a peculiar expression of countenance, as the muscles only of one side of the face are put into action. This does not arise from a loss of power, but from a voluntary effort of the patient. This dreadfull disease has been known to subside suddenly forever.

The principal diseases with which Tic Doloureux can be confounded, are, Rheumatism affecting the muscles of the face,

Odontalgia, and Hemicrania. From the first of these it may be distinguished by a paroxysm being excited by the slightest touch, and by the extreme violence of the pain. Rheumatism is said to have regular periods of accession, Tic Douloureux, on the contrary, occurs at irregular periods: the pain of of Rheumatism is far more constant and much less severe than in Tic Douloureux. When it is acute and most severe it is accompanied by Fever, with redness and increased heat of the part, and, frequently, with some degree of swelling.

From Odontalgia it may be distinguished by the shortness of its paroxysms and the rapidity of their succession, and, during the intermission, an entire freedom from pain. It differs likewise from Odontalgia, by the acuteness and poignancy of the pain, and lastly, the convulsive twitchings which, though not always present, are a very frequent symptom, and are never experienced in Odontalgia.

From Hemicrania it is distinguished by the pain ~~in Tic Douloureux~~ accurately following the ramifications of the affected nerve. Hemicrania is likewise mostly intermittent and occurs in paroxysms as regular as those of an ague; it most commonly comes on about the same hour and continues from 4 to 8 hours. The pain in this disease is not of that lancinating kind which occurs in Tic Douloureux.

In three cases that came under my notice while a Student in the Country, Stimulating embrocations, Blisters: Sinapisms, Bleeding, and tight pressure by bandages were employed in the commencement of this disease; but they only proved moderately palliative. In one of those cases, Mercury was used untill Salivation was produced, and continued for some time; Opium in large doses was used; and a long list of Medicines commonly resorted to in Nervous affections, all, however, seemed to give but temporary relief and afterwards the

paroxysms seemed to return with increased violence.

In another, a robust man, after many things had failed, and even the operation had failed to give permanent relief, cicuta was tried in considerable quantities, but without sensibly mitigating the pain.

For a long time it was thought that the only certain method of banishing this painful complaint was by a division of the nerve affected and by preventing it from reuniting. The operation became reconcilable to the patient from the excessive pain attending the disorder and by the general success that had attended this mode of treatment. From the cases, however, which have come under my notice, the operation although a complete cure of the part affected, does not always prevent a return of pain in collateral branches of the nerves. In all the cases above related, the operation was performed, and in one of them it was repeated five different times, on various parts of the face, before even temporary relief was obtained. But the disease recurring with increased violence,

Emetics were recommended and a cure was speedily obtained. It is worthy of remark, that the subject of this case had been for nearly 20 years afflicted with this complaint and has not had a return of the disease, although nearly 2 years have elapsed. In the other two cases, related above, the operation was only performed once, One of which was attended with immediate success, the patient remained free from all pain for a greater length of time than he had before experienced for some years, and in about 12 months after, died with another disease. In the other, the disease returned, after some time, with greater violence than before, and the patient objecting to the operation being repeated, Large doses of Cicuta were tried without success, (as before related) and afterwards he was completely relieved by the use of Emetics administered for a considerable time in the manner hereafter to be described.

During my residence as a pupil in the Philadelphia Alms House, I had an

opportunity of observing the efficacy of Emetics in the treatment of Tic Douloureux: three cases in that institution came under my notice. The first, a Black woman aged 47, was affected principally in the right cheek and side of nose, and over the occipital bone. She had previously been troubled, from her own account, with paroxysms of this disease. When admitted, she was bled, and 10 grs of the Sulphate of Copper in solution was administered daily for 3 or 4 days, and then, finding her improving, ~~[illegible]~~ the solution was given every 2 or 3 days: she was in a few weeks discharged cured.

The second, a man aged about 50, had been for nearly 5 years afflicted with this complaint. Its principal seat was in the side of his face and head. He stated that various plans of cure had been adopted, among which purging, Bleeding, Blistering, Opiates, Cicuta, and a long list of articles were ineffectually tried. When admitted, Emetics were given, as in the foregoing case, and he soon experienced relief. In another case, the symptoms, treatment and success, were similar to those above related.

In neither of the cases which we have described has a relapse taken place.

From what has been said it would appear, that Emetics are the only remedy that can be depended upon in the Tic Douloureux, and it reflects no small degree of credit upon our country, that among us a plan of treatment has been discovered for a distressing disease that has for a long time baffled the skill of the Eminent physicians of Europe. –